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AUTHOR Seibert, Phyllis M.; Pastorello, Thomas
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ABSTRACT

Literature on health professionals describes the problems associated with unresolved or poorly resolved grief. Previous research has indicated that the most important reason why health professionals stay in their jobs is their relationship to patients. This study examined how nursing home personnel resolve their grief following deaths of clients. Nursing homes (N=13) in the central New York area were surveyed. In-depth interviews were conducted with administrative and social services key informants from all homes and with staff from one center representing medicine, nursing, social work, therapy, food services, activities, housekeeping, and pastoral care. Detailed information from 30 interviews were submitted to content analysis, cross-validated by artificial intelligence analysis, using the personal computer software PROLOG. Results indicated that the personal needs of staff for grief resolution go largely unrecognized by management and/or staff themselves, or go unmet. Negative consequences do follow for staff and resident caring relationships. The results emphasized that informal supports had great impact, suggesting that they should be recognized and sustained within effective administrative practice. In particular the artificial analysis presents a pattern which suggests the value of informal support for grief resolution, mitigating even the impact of staff experience with resident death. (ABL)

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Staff Grief Resolution and Care for the Elderly: Artificial Intelligence Analysis

Phyllis M. Seibert, M.S.W.

and

Thomas Pastorello, Ph.D.

of

Syracuse University
School of Social Work

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STAFF GRIEF RESOLUTION AND CARE FOR THE ELDERLY. Thomas Pastorello; Ph.D. and Phyllis M. Seibert, MSW. Syracuse University School of Social Work, Syracuse, NY 13244-6350.

How do nursing home personnel resolve their grief following the deaths of clients? Do nursing home policy and staff services facilitate the grief resolution process? What are the consequences of different staff grieving processes for job satisfaction, performance and quality of care? A survey of 13 nursing homes in the Central NY area, varying in employee size from 100 to 750, was implemented during the winter of 1990. In-depth interviews were conducted with administrative and social services key informants from all homes; and with staff from Loretto Geriatric Center representing medicine, nursing, social work, therapy, food services, activities, housekeeping and pastoral care. Detailed information from 30 interviews were submitted to content analysis, cross-validated by artificial intelligence analysis, using the PC software PROLOG. Results indicate that the personal needs of staff for grief resolution go largely unrecognized by management and/or staff themselves, or go unmet. Negative consequences do follow for staff and resident caring relationships. Recommendations are derived from the research for the development of specific formal and informal mechanisms of staff support and employee services.

Introduction

Qualitative research, guided by artificial intelligence analysis, addresses the following questions. How do nursing home personnel resolve their grief following the deaths of clients? Do nursing home policy and staff services facilitate the grief resolution process? What are the consequences of different staff grieving processes for caregivers' job satisfaction and performance?

Literature on health professionals describes the problems associated with unresolved or poorly resolved grief: frustration, guilt, outrage, pain, sorrow and depression (Roch, 1987). One recently published article (Vachon, 1988) tells the story of a nurse who became depressed and contemplated suicide when her patient died on the heals of her mother's death. These types of reactions do not seem extreme in light of a recent study of nurses in nursing homes. That study concludes that, across all age groups, the most important reason why health professionals stay in their jobs is their relationship to patients (Candill, 1989). Alexander and Kiely (1986) express well an idea long accepted (cf. Eaton, 1974) as a valid principle of employee psychology: service personnel need to "understand their own feelings about death and grieving. This requires internalizing, experiencing, knowing oneself, and empathy. Most of all, it calls for acceptance of grief as a healthy emotion that requires expression."

Methodology

To answer the questions which open this paper, a survey of 13 nursing homes in the Central New York area was implemented during the winter of 1990. In-depth telephone interviews were conducted with administrative and social services key informants from all homes. The homes varied in size from 80-bed capacity to 526 bed capacity and in number of employees from 100 to 750. From each of the key personnel, information was ascertained about staff grieving behavior and agency policy on grief resolution.

The largest nursing home, offering the most comprehensive levels of care, was singled out for more intensive study and for interviews with a broad array of personnel. From this home's staff, twenty persons were purposively sampled for in-depth, face-to-face interviews. Criteria for selection included diversity in area of service, length of service, type of shift, ethnic background, gender and age. Those interviewed represented medicine, nursing, social work, physical and occupational therapy, food services, activities, housekeeping and pastoral care.

A guided interview process was employed by the primary researcher to explore these issue areas: the staff person's career history of loss and grief, experiences of loss at their present employment, the informal and formal supports used for grieving purposes at their present employment, and their suggestions for the home's provision of additional formal supports.

Detailed information from thirty interviews was content analyzed by both researchers. In addition, the 20 staff interviews were submitted to logical cross-validation of a central finding, using the artificial intelligence program, PROLOG.

PROLOG is a declaration rather than a procedural approach to analysis and is microcomputer based (IBM PC-XT). By means of this software, the computer

is given a description of the problem (a "goal"), rules for solving the problem ("domains" and "predicates") and facts from a content analyzed empirical base ("clauses"), and then is asked to find all possible solutions to the problem, e.g., all cases which fit a logical pattern (Robinson, 1987).

Findings Across Nursing Homes

The representatives of all nursing homes identified the prevalence of grieving reactions among staff. The most often cited behaviors included anger, sadness, depression, withdrawal, tears, feelings of loss, moodiness, diminished efficiency, and difficulty in concentration. Frustration was frequently linked to the "wish" that they "could have done more to prevent death." When resentment was expressed against nursing home policy, it was for the immediacy of bed turnover. Staff complained that it is difficult to return within one day or two to a room where a patient and friend has died to care for a new patient. The abrupt transition does not permit the time to grieve.

Formal staff support groups for grieving have been established at these homes. In general, however, they are not well attended because of direct care staff's difficulty in finding time free of care responsibilities. Individual funeral services and monthly memorial services are held. In-service programs for grief resolution are provided by Hospice of Central New York and Hutchings Psychiatric Center.

Generally, staff are encouraged to stay with the dying resident and their family. At all homes, informal patterns of support develop among professional staff.

Findings Among Diverse Staff Within the Largest Nursing Home

Among the "front-line" staff interviewed, those who had developed more than a "clinical" relationship with a client reported feelings of grief

following client death. Intensity of grief was related to number of deaths experienced and the length of employment. Staff who had experienced resident deaths for over five years tended to develop a philosophical stance about resident deaths which served to buffer the intensity of grief feelings. For example, phrases such as these were used by interviewees:

"I feel I am here for the living..."

"I need to let this death go..."

"I see resident death as part of life..."

"I handle remembrance, not grief..."

Every staff member who was part of a team reported feeling the comforting support of his or her group. Informally, the practice developed of keeping in touch with the families of residents who have died. Many mentioned sending a sympathy card or phoning the family.

A specific artificial intelligence analysis was performed using the content analysis-derived predicates and clauses of "staff resolving grief," "staff getting informal support" and staff having "short stay" experience with residents' deaths, i.e., less than 5 years experience.

Of the 20 staff people, 8 were identified by PROLOG as being in the process of resolving grief (#'s 1, 5, 6, 7, 12, 14, 15, 16). Eight received informal support (#'s 1, 6, 7, 12, 14, 15, 16, 19). PROLOG also noted an overlap of 7 staff people, in terms of the association between resolving grief and informal support. Eight staff were identified as having less an 5 years experience with client death (#'s 1, 4, 6, 8, 10, 13, 14, 17). Three of them were resolving grief (#'s 1, 6, 14). Among those with more than 5 years experience, five were resolving grief (#'s 5, 7, 12, 15, 16). It is of special note that 4 of the 5 "long-termers" were getting informal support (#'s 7, 12, 15, 16).

Practice Recommendation for Nursing Home Managers

Nursing home administrators should not hinder the natural informal support processes which are evident among staff. Keeping in touch with family and receiving family feedback is an important resource for staff. Feedback from family can and does serve to reassure the staff member that he or she did do the best job possible and, therefore, need not carry guilt about the resident's death. Administrators know well the types of formal programs and in-service training techniques which are available for staff grief resolution, and these options should be implemented as needed. However, this research serves to emphasize the point that informal supports have great impact and should be recognized and sustained within effective administrative practice. In particular the artificial intelligence analysis presents a pattern which suggests the value of informal support for grief resolution, mitigating even the impact of duration of staff experience with resident death.

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